

THOMAS JEFFERSON HEALTH DISTRICT
PO BOX 7546, CHARLOTTESVILLE VA 22906
434 972-6259

Office Address: 1138 Rose Hill Drive, Charlottesville VA

VIRGINIA DEPARTMENT OF HEALTH
APPLICATION FOR TEMPORARY RESTAURANT PERMIT
TO BE SUBMITTED AT LEAST 10-14 DAYS PRIOR TO EVENT
(PLEASE PRINT OR TYPE)

DATE: _____

NAME OF ORGANIZATION/INDIVIDUAL: _____

ADDRESS: _____

ORGANIZATION REPRESENTATIVE: _____

TELEPHONE NUMBERS: (W) _____ (H) _____

EVENT NAME: _____

EVENT LOCATION: _____

DATE (S) OF OPERATION: _____ TIME(S) _____ TO _____

TYPE OF FOOD FACILITY: _____
(Beverage Wagon, Booth, Kitchen, Tent, Etc)

Please provide the following information. Failure to provide the necessary information regarding your operation may delay the processing of your application.

Water Service _____ Sewage Disposal _____

Solid Waste Disposal _____ Liquid Waste Disposal _____

LIST ALL FOOD AND BEVERAGE ITEMS BELOW

FOOD/BEVERAGE	SOURCE ADDRESS	WHERE PREPARED	METHODS OF PREPARATION AND SERVING, EQUIPMENT USED
Example: Hot dogs	Supermarket	Joe's Restaurant or on site	Boiled in large pot on gas grill using tongs

HAND WASHING METHODS	CONDIMENTS HOW SERVED	LIST ALL UTENSILS HOW CLEANED DESCR. SANITIZER	REFRIGERATION TYPE	LIST ALL COOKING EQUIPMENT
Example: Soap, water, towels	prepackaged mustard, catsup, etc.	tongs, spatula, knife, ice scoop (bleach and water sanitizer)	Reach-in refrigerator Cooler with ice	Electric grill, steam table deep fat fryer, hot plate

Please call us prior to the event to verify the status of your application. Please notify us of any changes in your application (for example, additional menu items)

CERTIFICATION

I have read the attached instructions, understand them, and will comply with their requirements. I understand that failure to comply may result in a permit not being issued or permit suspension, as per part 32.00, Rules & Regulations Governing Restaurants in Virginia, 1984, and as amended January 1, 1988.

Operator's Signature

Date

EHS (TR-2)